



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

FILED

Annual Report for the year: **2020**  
Corporation

FEB 27 2020  
BY 6235 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>568334</b>		2. Exact name of the Corporation <b>OCEAN STATE PYROTECHNICES, INC.</b>			
3. Principal Office Address <b>410 KINGSTOWN ROAD SUITE 3</b>		City <b>WEST KINGSTON</b>		State <b>RI</b>	Zip <b>02892</b>
4. NAICS Code <b>238910</b>		6. Brief description of the character of business conducted in Rhode Island <b>PYROTECHNICES AND DEMOLITION</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN RUGGIERI</b>			Vice-President Name		
Street Address <b>26A WOODY HILL ROAD</b>			Street Address		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
Secretary Name <b>JOHN RUGGIERI</b>			Treasurer Name		
Street Address <b>26A WOODY HILL ROAD</b>			Street Address		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN RUGGIERI</b>			Director Name		
Street Address <b>26A WOODY HILL ROAD</b>			Street Address		
City <b>HOPE VALLEY</b>	State <b>RI</b>	Zip <b>02832</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES	PAR VALUE <b>1.01</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>JOHN RUGGIERI</b>					Date <b>1-27-20</b>
Signature of Authorized Representative 					FILED DOCUMENT HERE

MAIL TO:  
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